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# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Chata				RIX OF THE SOCIAL SECURITY ACT			
State:	rei	Kentucky					
	ELIGIBII	YTI	CONDITI	IONS AND REQUIREMENTS			
Citation(s)			Condit	cion or Requirement			
	A.	Gen	eral Co	onditions of Eligibility			
		Eac	h indiv	ridual covered under the plan:			
42 CFR Part 435, Subpart G		1.	BLanda	nancially eligible (using the methods and urds described in Parts B and C of this ment) to receive services.			
42 CFR Part 435, Subpart F		2.	Meets condit	the applicable non-financial eligibility ions.			
		a.	For th	e categorically needy:			
		-	(i)	Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.			
			(ii)	For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.			
1902(1) of the Act			(iii)	For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(1) of the Act.			
1902(m) of the Act			(iv)	For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.			

TN No. 92-5
Supersedes
TN No. 92-1
Approval Date NOV 14 1994 Effective Date 4-1-92

State: Kentucky

b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.

1905(p) of the Act

c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non financial criteria of section 1905(p) of the Act.

1905(s) of the Act

d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).

P.L. 102-585 Section 402

- 3. Is residing in the United States and-
  - a. Is a citizen.
  - b. Is a qualified alien, as identified in section 431(b) of P.L. 104-193, whose coverage is mandatory under sections 402 and 403 of P.L. 104-193, including those who entered the U. S. prior to August 22, 1996, and those who entered on or after August 22, 1996.
    - X Is a qualified alien, as defined in section 431(b) of P.L. 104-193, whose coverage is optional under section 402 and 403 of P.L. 104-193, including those who entered the U. S. Prior to August 22, 1996 and those who entered on or after August 22, 1996.
  - c. Is an alien who is not a qualified alien as defined in section 431(b) of P.L. 104-193, or who is a qualified alien but is not eligible under the provision of (b) above. (Coverage is restricted to certain emergency services).
  - d. Limited Coverage for Certain Aliens

1902(a) and 1903(v) of the Act and Section 401(b)(I)(A) of P.L. 104-193 Is an alien who is not a qualified alien or who is a qualified alien, as defined in section 431(b) of P.L. 104-193, but is not eligible for Medicaid based on alien status, and who would otherwise qualify for Medicaid is provided Medicaid only for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

TN No. <u>98-02</u> Supersedes TN No. <u>92-01</u>

Approval Date: 6 3 98

Effective Date: 1/1/98

State: Kentucky

42 CFR 435.403 1902(b) of the Act

- 4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.
- X State has interstate residency agreement with the following States:

IowaNew JerseyWest VirginiaNew MexicoCaliforniaNorth DakotaGeorgiaSouth DakotaTennesseeMarylandAlabamaOhio

Arkansas Pennsylvania

Florida Wisconsin Kansas Indiana (for individual cases)

Mississippi Idaho

\_\_\_ State has open agreement(s).

\_ Not applicable; no residency requirement

TN No. <u>98-02</u> Supersedes TN No. <u>97-08</u>

Approval Date:

8/3/98

Effective Date: 1/1/98

	HCFA-PM-91-8 October 1991		ATTACHMENT 2.6-A Page 3a
	State:	Kentucky	OMB No.: 0938-
Citation	1	Condition	or Requirement
435.1008	5. a.	nursing facilities, inte facilities, or publicly	a public institution. Public include medical institutions, ermediate care/mentally retarded operated community residences 16 residents, or certain child
42 CFR 435.1 1905(a) of t Act		TOT MENTAL GISEASES EXC	age 65 in an institution cept as an inpatient under we treatment in an accredited program.
		age 22 in psychi	th respect to individuals under atric facilities or programs. not provided under the plan.
433.145 4' 604 12 of the Act	ass for coo and to ass rec rei	ignment of rights obt ipient is effective o	upport and to payments
	$\angle \overline{X}$	Assignment of rights law.	is automatic because of State
42 CFR 435.91	his/ he/s medi cond Act	ther social security ac she has more than one numb ical assistance for he tra dition under Section 190	on of eligibility, to furnish scount number (or numbers, if ber), except for aliens seeking eatment of an emergency medical 3(v)(2) of the Social Security ho are eligible under Section
No. 92- Supersedes	1 Approva		Effective Date1-1-92
			HCFA ID: 7985E

Pevision: HCFA-PM-91-4 August 1991

(BPD)

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OMB No.: 0938-

Kentucky State: \_

Citation Condition or Requirement 1902(c)(2) 8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act. 9. Is not required, as an individual child or pregnant 1902(e)(10)(A) and (B) of the woman, to meet requirements under section 402(a) (43) Act of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

TN No	92-1		NOV 1 / 1994		1-1-92
Supersedes		Approval	Date NOV 14 1994	Effective Date	

o. None

HCFA ID: 7985E

Revision: HCFA-PM-91-8 October 1991

(MB)

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OMB No.: 0938-

State/Territory:

Kentucky

Condition or Requirement

1906 of the Act

Citation

10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

TN No. 92-22 2-11-93 Effective Date 2-1-93

TN No. None

HCFA ID: 7985E

State:

HCFA-PM-97-2

December 1997

Kentucky

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# Condition or Requirement

# B. Posteligibility Treatment of Institutionalized Individuals' Incomes

1. The following items are not considered in the posteligiblity process:

1902(o) of the Act

a. SSI and SSP benefits paid under § 1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.

Bondi v Sullivan (SSI)

b. Austrian Reparation Payments (pension (reparation) payments made under § 500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.

1902(r)(l)of the Act

c. German Reparations Payments (reparation payments made by the Federal Republic of Germany).

105/206 of P. L. 100-383

d. Japanese and Aleutian Restitution Payments.

1. (a) of P. L. 103-286

e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).

10405 of P. L. 101-239 f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. no. 381 (E.D.N.Y.)

6(h)(2) of P. L. 101-426

g. Radiation Exposure Compensation.

**12005** of P. L. 103-66

h. VA pensions limited to \$90 per month under 38 U.S.C. 5503.

TN No. <u>98-03</u> Supersedes TN No. <u>92-01</u>

Approval Date 4 20 90

Effective Date 1/1/98

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2.

State:

Kentucky

Attachment 2.6-A

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#### Citation

#### Condition or Requirement

1924 of the Act 435.725 435.733 435.832

The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$30 for Individuals and \$60 for Couples for all institutionalized persons.

Aged, blind, disabled:
 Individuals \$40.00 plus mandatory nondiscretionary deductions
 Couples \$80.00 plus mandatory nondiscretionary deductions

For the following persons with greater need: Supplement 12a to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where appropriate, identifies the organizational unit which determines that a criterion is met.

b. AFDC Related:

Children \$40.00 plus mandatory nondiscretionary deductions

Adults \$40.00 plus mandatory nondiscretionary deductions

For the following persons with greater need: Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where appropriate, identifies the organizational unit which determines that a criterion is met.

c. Individual under age 21 covered in the plan as specified in Item B.7 of Attachment 2.2-A. \$40.00 plus mandatory nondiscretionary deductions.

TN No. <u>01-10</u> Supersedes TN No. 98-03 Citation

### Condition or Requirement

For the following persons with greater need:

Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where appropriate; identifies the organizational unit which determines that a criterion is met.

1924 of the Act

- 3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:
  - a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

X The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.

The poverty level component is calculated using a percentage greater than the applicable percentage, equal to \_\_\_\_%, of the official poverty level (still subject to maximum maintenance needs standard).

The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court ordered support.

Citation

## Condition or Requirement

In determining any excess shelter allowance, utility expenses are calculated using:

the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or

X the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.

b. The monthly income allowance for other dependent family members living with the community spouse is:

> X one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924(d)(3)(B)) exceeds the dependent family member's monthly income.

a greater amounted calculated as follows:

The standards described above are used for individuals receiving home and community based waiver services in lieu of services provided in a medical and remedial care institution.

The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924(d)(1):

The Definition of Dependency:

For the purpose of deducting allowances under Section 1924, a dependent means a child, parent, or sibling who lives with the community spouse and is claimed as a dependent by either spouse under the Internal Revenue Services Code.

c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:

TN No. 03-07 Supersedes TN No. 98-03

Approval Date 9/15/03

Effective Date 6/01/03

HCFA-PM-97-2

December 1997

State:

Kentucky

ATTACHMENT 2.6-A

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# Citation Condition or Requirement

- (i) Medicaid, Medicare and other health insurance premiums, deductibles, or coinsurance charges, or copayments.
- (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan.
   (Reasonable limits on amounts are described in Supplement 3 to <u>ATTACHMENT 2.6-A)</u>

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December 1997

State:

TN No. <u>92-01</u>

Kentucky

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Citation	Condition or Requirement					
435.725 435.733 435.832	4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:					
	a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:					
	o AFDC level; or o Medically needy level:					
	(Check one)					
	-AFDC levels in Supplement 1 X Medically needy level in Supplement 1 -Other: \$					
	b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:					
	(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.					
,	<ul> <li>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)</li> </ul>					
435.725 435.733 435.832	5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:					
	A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:					
	X No. Yes (the applicable amount is shown on page 5a.)					
TN No. <u>98-03</u> Supersedes	Approval Date 4 20 98 Effective Date 1/1/98					

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December 1997

State:

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Citation		Condition or Requirement			
:	A: \$_	mount for maintenance of home is:			
	<del></del> _	mount for maintenance of home is the actual maintenance osts not to exceed \$			
	co	mount for maintenance of home is deductible when puntable income is determined under §1924(d)(1) of the Act ally if the individuals' home and the community spouse's some are different.			
	······································	mount for maintenance of home is not deductible when ountable income is determined under § 1924(d)(1) of the ct.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Kentucky	
	ELIGIBILITY CONDITIONS AND REQUIREMENTS	
Citation(s)	Condition or Requirement	

42 CFR 435.711 435.721, 435.831

#### C. Financial Eligibility

For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.

For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.

Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level—pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act—and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.

TN No. 92-5
Supersedes
TN No. 92-1
Approval Date NOV 14 1994 Effective Date 4-1-92

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 ision:	HCFA-F August		(BPD)			ATTACHMEN Page 6a	
	State	e:		Kentucky		OMB No.:	0938-
Citati	on			Condit	ion or Requ	irement	
	181	for man	datory a	nd optiona	<u>2.6-A</u> spec 1 categoric medically ne	ally needy	resource levels poverty levels.
•	4	for cate	egorical:	ly needy a	ged, blind a	and disabl	income levels ed persons who ve than SSI.
		determi	ning inco tive meth	ome eligib	ility used :	by States	ne methods for that have more ection 1902(f)
		determin	ning res	ource elic e methods	gibility us	ed by Sta	e methods for tes that have under section
	<u> </u>	determin liberal	ning inco than th	ome eligib e methods	ility used	by States sh assista	ne methods for that are more nce programs,
	<u>/X/</u>	determin liberal	ning resc than th	ource eligi e methods	ibility used	l by States sh assista	ne methods for that are more nce programs,
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Approval Date NOV 14 1994

TN No.

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o. None

HCFA ID: 7985E

Effective Date \_

1-1-92

W. 3.2.

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:		Kent	ucky	
	ELIGIBILITY	CONDI	TIONS AND I	REQUIREMENTS
Citation(s)			lition or Re	
1902(r)(2) of the Act	1. <u>Me</u> 1	AFDO	of Determing related in the determination of Determination of the determination of the determination of Dete	ning Income  dividuals (except for poverty pregnant women, infants, and
		(1)		ning countable income for ed individuals, the following e used:
			<u>x</u> (a)	The methods under the State's approved AFDC plan only; or
	,		(b)	The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
		(2)	responsible the income household income of	ning relative financial lity, the agency considers only of spouses living in the same as available to spouses and the parents as available to children the parents until the children
1902(e)(6) the Act		(3)	eligible u 1902(a)(10 regard to family of 60-day per	tinues to treat women ander the provisions of sections of the Act as eligible, without any changes in income of the which she is a member, for the iod after her pregnancy ends and sing days in the month in which the falls.

TN No. 92-5
Supersedes
TN No. 92-1
Approval Date NOV 14 1994
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#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Kentucky	TITLE XIX OF THE SOCIAL SECURITY ACT
	ELIGIBILITY	CONDITIONS AND REQUIREMENTS
Citation(s)	Co	ondition or Requirement
42 CFR 435.721 435.831, and 1902(m)(1)(B)(m)(4 and 1902(r)(2) of the Act	b. )	Aged individuals. In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used:
		The methods of the SSI program only.  X The methods of the SSI program and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

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TN No. 92-5
Supersedes
TN No. None
Approval Date NOV 14 1994
Effective Date 4-1-92

Revision:	HCFA-PM-91-4 August 1991	(BPD)	ATTACHMENT 2.6-A Page 8
	State:	Kentucky	OMB No.: 0938-
Citati	on	Condition	n or Requirement
		recipients, more applied under the the Act, as specifi	er than optional State supplement restrictive methods than SSI provisions of section 1902(f) of the section supplement 4 to ATTACHMENT re liberal methods described in STACHMENT 2.6-A.
		For institutional under section 1611	couples, the methods specified (e)(5) of the Act.
		§435.230, income me	e supplement recipients under thods more liberal than SSI, as ement 4 to ATTACHMENT 2.6-A.
		1902(f) States and	supplement recipients in section d SSI criteria States withou 4 agreements(SSA administered
	•	SSI methods of	only.
		SSI methods a than SSI de ATTACHMENT 2.	and/or any more liberal method: escribed in <u>Supplement 8a to 6-A</u> .
		than SSI. described in ; and more lib	restrictive and/or more liberal More restrictive methods are Supplement 4 to ATTACHMENT 2.6-A eral methods are described in to ATTACHMENT 2.6-A.
		the agency conside	ative financial responsibility, rs only the income of spouses ousehold as available to spouses.
N No. upersedes		Date NOV 14 1994	Effective Date1-1-92

HCFA ID:

7985E

August 1991 (BPD)

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State. Kentucky

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Citation	Condition or Requirement
42 CFR 435.721 and 435.831 1902(m)(1)(B), (m)(4), and	c. <u>Blind individuals</u> . In determining countable income for blind individuals, the following methods are used:
1902(r)(2) of the Act	The methods of the SSI program only.
	SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
	For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A, and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
	For institutional couples, the methods specified under section 1611(e)(5) of the Act.
	For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> .
	For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements
	SSI methods only.
	SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to</u> <u>ATTACHMENT 2.6-A</u> .
	Methods more restrictive and/ or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to Attachment 2.6-A.</u>
N No. 92-1 upersedes Ap	proval Date NOV 14 1994 Effective Date 1-1-92

sion: HCFA-PM-91-4 (BPD) ATTACHMENT 2.6-A August 1991 Page 10 OMB No.: 0938-Kentucky State: Citation Condition or Requirement In determining relative responsibility, the agenc considers only the income of spouses living in the sam household as available to spouses and the income o parents as available to children living with parent until the children become 21. 42 CFR 435.721, d. <u>Disabled individuals</u>. In determining and 435.831 countable income of disabled 1902(m)(1)(B), individuals, including individuals (m)(4), and with incomes up to the Federal poverty level described in section 1902(m) of 1902(r)(2) of the Act the Act the following methods are used: The methods of the SSI program. X SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A. For institutional couples: the methods specified under section 1611(e)(5) of the Act. For optional State supplement recipients under §435.230: income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u>. individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

Approval Date NOV 14 1994

TN No.

Supersedes

o. 87-15

HCFA ID: 7985E

Effective Date 1-1-92

Revision: HCFA-PM-91-4 (BPD) August 1991 ATTACHMENT 2.6-A Page 11 State: Kentucky OMB No.: 0938-Citation Condition or Requirement For optional State supplement recipients i section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--SSI methods only. SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A. Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8a to ATTACHMENT 2.6-A. In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21. Approval Date NOV 14 1994 persedes Effective Date \_\_\_\_ 1-1-92: >. <u>87-15</u>

HCFA ID: 7985E

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STAT	E PLAN UNDER	TITLE	XIX OF THE SOCIAL SECURITY ACT
State:	Kentuc	ky	· ·
	ELIGIBILITY	CONDI	TIONS AND REQUIREMENTS
Citation(s)			on or Requirement
1902(1)(3)(E) and 1902(r)(2) of the Act	е.	child	rty level pregnant women, infants, and dren. For pregnant women and infants or dren covered under the provisions of ions 1902(a)(10)(A)(i)(IV), (VI), and (VII), 1902(a)(10)(A)(ii)(IX) of the Act
	•	(1)	The following methods are used in determining countable income:
		<u>x</u>	The methods of the State's approved AFDC plan.
		<u>x</u>	The methods of the approved title IV-E plan.
			The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
			The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

Sections.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Kent	ucky	
Market and the second s	ELIGIBILITY	CONDITIO	NS AND REQUIREMENTS
Citation(s)			or Requirement
		re th ho in li	determining relative financial sponsibility, the agency considers only e income of spouses living in the same usehold as available to spouses and the come of parents as available to children ving with parents until the children come 21.
1902(e)(6) of the Act		el 19 re fa 60 an	e agency continues to treat women igible under the provisions of sections 02(a)(10) of the Act as eligible, without gard to any changes in income of the mily of which she is a member, for the day period after her pregnancy ends and y remaining days in the month in which the th day falls.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f.	f. Qualified Medicare beneficiaries. In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used:	
			e methods of the SSI program only.  I methods and/or any more liberal methods
		th AT	an SSI described in <u>Supplement 8a to</u> TACHMENT 2.6-A.
			r institutional couples, the methods ecified under section 1611(e)(5) of the t.

HCFA-PM-93-2

(MB)

ATTACHMENT 2.6-A Page 12a

MARCH 1993

State:

IAKUN 1993

Kentucky

Citation

Condition or Requirement

If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(s) of the Act

g. (1) Qualified disabled and working individuals.

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act

(2) Specified low-income Medicare beneficiaries.

In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

TN No. 93-5
Supersedes Approval Date APR 2 9 1993
Effective Date 1-1-93

<sup>\*</sup> U.S. G.P.O.:1993-342-239:80032

	August 19	\ -	врој	ATTACHMENT 2 Page 12b	
	State:	Kentucky	7	OMB No.: 09	38-
Citatio	n		Conditio	n or Requirement	•
1902(u) of the Act		In det benef: 	The disregards  The agency uses income more restrin Supplement 4  For COBRA contiat 1902(u)(4), or for any other be taken into except as providents.	ble income for COBRA collowing disregards are of the SSI program; methodologies for tractive than the SS ictive methodologies are to Attachment 2.6-A.  Inuation beneficiaries costs incurred from meaning type of remedial care account in determinited in section 1612(b) (control of the SSI program; to the SSI program; the section 1612(b) (control of the SSI program; the section 1612(control of the SSI program; the secti	reatment of program to describe the specified edical care shall not one income
N No. 92 Supersedes	2-1 App	roval Date	NOV 14 1994	Effective Date	1-1-92

HCFA ID: 7985E

Revision: HCFA-PM-91-4

August 1991

(BPD) ·

Attachment 2.6-A Page 13

OMB NO.: 0938-

State <u>Kentucky</u>

#### Citation

#### Condition or Requirement

# 1902(k) of the Act

2. Medicaid Qualifying Trusts

In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.

X The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship as determined on the basis of criteria established by the Secretary of the Department of Health and Human Services.

1917(d) of the Act

Effective October 1, 1993 the agency complies with the provisions of 1917(d) of the Social Security Act as amended.

1902(a)(10) the Act 3. Medically needy income levels (MNILs) are based on of family size.

<u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, <u>Supplement 1</u> so indicates.

State: Kentucky

Citation

Condition or Requirement

42 CFR 435.732, 435.831

4. Handling of excess income – Spend-down for the Medically Needy in all States and the Categorically Needy in 1902(f) States Only

#### a. Medically Needy

- (1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of 3\* month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.
- (2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:
  - (a) Health insurance premiums, deductibles and coinsurance charges.
  - (b) Expenses for necessary medical and remedial care not included in the plan.
  - (c) Expenses for necessary medical and remedial care included in the plan.
    - Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.

1902(a)(17) of the Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government, and is financed by the State or local government

\*The retroactive spenddown period uses available income for one month with eligibility for each month determined individually.

TN No. <u>03-016</u> Supersedes TN No. 92-1

Approval Date

Effective Date <u>9/1/03</u>

Perision:	HCFA-PM-9 October 1	91-8 (BPI 991	Page 14a
	State:	Kentucky	OMB No.: 0938-
Citati	on		Condition or Requirement
		a. <u>Medical</u>	ly Needy (Continued)
1903(f)	(2) of	(3)	If countable income exceeds the MNIL standard the agency deducts spenddown payments made the State by the individual.
	ta t		
		•	
N No. upersedes	92-1 App:	roval Date _	NOV 14 1994  Effective Date 1-1-92

HCFA ID:

7985E

None

.sion: HCFA-PM-91-4

(BPD)

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Page 15

OMB No.: 0938-

August 1991

State:

Kentucky

Citation

Condition or Requirement

42 CFR 435.732

# b. Categorically Needy - Section 1902 (f) States

The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:

- (1) Any SSI benefit received.
- (2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement withir. the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.
- (3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.
- (4)Other deductions from income described in this plan at Attachment 2.6-A, Supplement 4.
- Incurred expenses for necessary medical and (5) remedial services recognized under State law.

1902(a)(17) of the Act, P.L. 100-203

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. Supersed	92-1 les	Approval Date	NOV 14 1994	Effective Date	1-1-92
	90-7			•	

HCFA ID: 7985E

Parision: HCFA-PM-91-8 (BPD) ATTACHMENT 2.6-A October 1991 Page 15a OMB No.: 0938-State: \_\_\_Kentucky Citation Condition or Requirement 4.b. Categorically Needy - Section 1902(f) States Continued 1903(f)(2) of Spenddown payments made to the State by the (6) individual. NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

Approval Date NOV 14 1994

92-1

None

TN No. Supersedes

HCFA ID: 7985E

Effective Date

.sion: HCFA-PM-91-4

(BPD)

ATTACHMENT 2.6-A

August 1991

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OMB No.: 0938-

State: Kentucky

Citation

Condition or Requirement

# 5. Methods for Determining Resources

- a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children)</u>.
  - (1) In determining countable resources for AFDC-related individuals, the following methods are used:
    - (a) The methods under the State's approved AFDC plan; and
  - $\frac{\overline{X}}{\overline{X}}$  (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 8b to ATTACHMENT 2.6-A</u>.
    - (2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. 92-1
Supersedes Approval Date NOV 14 1994
Effective Date 1-1-92

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.6-A August 1991 Page 16a OMB No.: 0938-Kentucky State: Citation Condition or Requirement 5. Methods for Determining Resources 1902(a)(10)(A), b. Aged individuals. For aged individuals, 1902(a)(10)(C), including individuals covered under 1902 (m) (1) (B) section 1902(a)(10)(A)(ii)(X) of the Act, and (C), and the agency used the following methods for 1902(r) of the Act treatment of resources: The methods of the SSI program. SSI methods and/or any more liberal methods <u>X</u> described in Supplement 8b to ATTACHMENT 2.6-A. Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describes the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specifies the more liberal methods. TN No. 92-1 NOV 14 1994

Supersedes

None

Approval Date

HCFA ID: 7985E

Effective Date \_\_

Revision:	HCFA-PM-9 August 19		ATTACHMENT 2.6-A Page 17
	State:	Kentucky	OMB No.: 0938-
Citati	on	Condition	or Requirement
		ule agency conside	ative financial responsibility, rs only the resources of spouses ousehold as available to spouses.
1902(a)(10) 1902(a)(10) 1902(m)(1)( 1902(r) of	(C), (B), and	c. <u>Blind individuals</u> . For the agency uses the for treatment of resources	ollowing methods for
Act		The methods of t	the SSI program.
		SSI methods and/methods describe	or any more liberal ed in <u>Supplement 8b to</u>
		more liberal th <u>Supplement 5 to</u> more restrictive	more restrictive and/or an those of the SSI program.  ATTACHMENT 2.6-A describe the methods and Supplement 8b to specify the more liberal methods.
		in the same household	e financial responsibility, the the resources of spouses living as available to spouses and the savailable to children living children become 21.
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N No. upersedes	92-1 Appi	roval Date NOV 14 1994	Effective Date 1-1-92

HCFA ID: 7985E

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«e"151011.	August 19	\———/	ATTACHME Page 18	
	State:	Kentucky	OMB No.:	0938-
Citatio	on	Cond	ition or Requirement	
1902(a)(10) 1902(a)(10) 1902(m)(1)( and (C), ar 1902(r)(2) the Act	) (C) , (B) nd	The methods  X SSI method described i  Methods that individuals the Act) as the SSI prodescribed i	lals, including individuals, including individuals in 1902(a) (10) (A) (ii) ency uses the following reatment of resources: of the SSI program.  Is and/or any more like and are more restrictive described in section ind/or more liberal the gram. More restrictive in Supplement 5 to AT liberal methods are	i)(X) of  iberal method  ACHMENT 2.6-A  ve (except fo  1902(m)(1) of  t those under  ve methods ar
1902(1)(3) and 1902(r)(	(2)	In determining re agency considers in the same house resources of pare with parents until	8b to ATTACHMENT 2.6-A lative financial responding the resources of hold as available to some as available to contain the children become anant women covered uncontains.	nsibility, th spouses livin pouses and th hildren livin 21.
of the Act	(2)	1902(a)(10)(A)(ii)	10)(A)(i)(IV) and )(IX)(A) of the Act. ne following methods in resources.	n
		The methods	of the SSI program only of the SSI program and nods described in Supplement 2.6-A.	nd/or any more
N No. upersedes		coval Date NOV 14 19	994 Effective Date _	1-1-92

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August 1991 Page 19 OMB No.: 0938-Kentucky State: Citation Condition or Requirement Methods that are more liberal than those of SSI. The more liberal methods are specified in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A. Not applicable. The agency does not consider resources in determining eligibility. In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21. 1902(1)(3) and f. Poverty level infants covered under section 1902(r)(2) of 1902(a)(10)(A)(i)(IV) of the Act. the Act The agency uses the following methods for the treatment of resources: The methods of the State's approved AFDC plan. Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) 1902(1)(3)(C) of the Act, as specified in of the Act Supplement 5a of ATTACHMENT 2.6-A. Methods more liberal than those in the 1902(r)(2)State's approved AFDC plan (but not more of the Act restrictive), as described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A. Not applicable. The agency does not consider resources in determining eligibility. Approval Date NOV 14 1994 TN No. cupersedes Effective Date \_\_\_\_1-1-92 89-6 HCFA ID: 7985E

≥vision: HCFA-PM-91-4

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	Kent	ucky	
		ELIGIBILITY	COND	ITIONS AND REQUIREMENTS
Citatio	n(s)	Co	onditi	on or Requirement
1902(1)(3) 1902(r)(2) the Act	and of	g. 1.		erty level children covered under section (a)(10)(A)(i)(VI) of the Act.
			The trea	agency uses the following methods for the
			•	The methods of the State's approved AFDC plan.
1902(1)(3)( of the Act	(c)		-	Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in Supplement 5a of ATTACHMENT 2.6-A.
1902(r)(2) of the Act				Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 8b to ATTACHMENT 2.6-A.
			<u>x</u>	Not applicable. The agency does not consider resources in determining eligibility.
				In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. Approval Date NOV 14 1994 Effective Date 4-1-92 Supersedes TN No.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky ELIGIBILITY CONDITIONS AND REQUIREMENTS Citation(s) Condition or Requirement 1902(1)(3) and g. 2. Poverty level children under section 1902(r)(2) of 1902(a)(10)(A)(i)(VII) the Act The agency uses the following methods for the treatment of resources: The methods of the State's approved AFDC plan. 1902(1)(3)(C) Methods more liberal than those in the the Act State's approved AFDC plan (but not more restrictive) as specified in <u>Supplement</u> 5a of ATTACHMENT 2.6-A. 1902(r)(2) Methods more liberal than those in the of the Act State's approved AFDC plan (but not more restrictive), as described in <u>Supplement</u> 8a to ATTACHMENT 2.6-A. X Not applicable. The agency does not consider resources in determining eligibility. In determining relative responsibility, the agency considers only the resources of spouses

In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. 92-5
Supersedes
TN No. None

Approval Date NOV 14 1994 Effective Date 4-1-92

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.sion:

HCFA-PM-91-8 October 1991

(BPD)

ATTACHMENT 2.6-A

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OMB No.: 0938-

State: Kentucky

Citation Condition or Requirement 1905(p)(1) 5. h. For qualified Medicare beneficiaries covered under (C) and (D) and section 1902(a)(10)(E)(i) of the Act--1902(r)(2) of the Act The agency used the following methods for treatment of resources:. The methods of the SSI program only. <u>X</u> The methods of the SSI program and/or more liberal methods as described in Supplement 8b to ATTACHMENT 2.6-A. 1905(s) of the i. For qualified disabled and working individuals\_ Act covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources. 15 (u) of the j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources: The methods of the SSI program only. More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to Attachment 2.6-A..

TN No. 92- Supersedes	Approval Date	NOV 14 1994	Effective Date 1-1-92
•	opposite Succ		Effective Date 1-1-92

89-35

lsion: HCFA-PM-91-8 (MB) ATTACHMENT 2.6-A October 1991 Page 20a OMB No.: 0938-Kentucky State: Citation Condition or Requirement 6. Resource Standard - Categorically Needy a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals: Same as SSI resource standards. More restrictive. The resource standards for other individuals are the same as those in the related cash assistance program. b. Non-1902(f) States (except as specified under items 6.c. and d. below) The resource standards are the same as those in the related cash assistance program. Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.

NOV 14 1994

Approval Date

TN No.

Supersedes

o. <u>None</u>

HCFA ID: 7985E

Effective Date \_\_\_\_1-1-92

Revision:

HCFA

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OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

## State Kentucky

## ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)		Condition of Requirement
1902(1)(3)(A), (B) and (C) of the Act	c.	For pregnant women and infants covered under the provisions of section 1902(a) (10)(A)(i)(IV) and 1902(a)(10)(A)(ii) (IX) of the Act, the agency applies a resource standard.
		Yes. <u>Supplement 2 to Attachment 2.6-A</u> specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan.
•	<i>IXI</i>	No. The agency does not apply a resource standard to these individuals.
1902(1)(3)(A) and (C) of the Act.	d.	For children covered under the provisions of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a resource standard.
	· 🗁	Yes. <u>Supplement 2 to Attachment 2.6-A</u> specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.
	X	No. The agency does not apply a resource standard to these individuals.
1902(1)(3)(A) and (D) of the Act.	e.	For children covered under the provisions of section 1902(a)(10)(A)(i)(VII) of the Act, the agency applies a resource standard.
		Yes. <u>Supplement 2 to Attachment 2.6-A</u> specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.
	[X]	No. The agency does not apply a resource standard to these individuals.
TN No. 92-05		NOV 1 / 1994

TN No. <u>92-05</u> Supersedes TN No. <u>92-01</u>

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1991

(BPD)

Attachment 2.6-A

Page 21a

OMB No.: 0938-

State Kentucky

Citation		Co	ndition of Requirement
1902(m)(1)(C) and (m)(2)(B) of the Act	f.	in sect	d and disabled individuals described ion 1902(m)(1) of the Act who are under Section 1902(a)(10)(A)(ii)(X) Act, the resource standard is:  Same as SSI resource standards.  Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).

<u>Supplement 2 to Attachment 2.6-A</u> specifies the resource levels for these individuals.

TN No. <u>92-05</u> Supersedes TN No. <u>92-01</u>

Revision:	HCFA-PM-91-4 August 1991 State:	(BPD)		ATTACHMENT 2.6-A Page 22 OMB No.: 0938-
Citatio		Cc	ondition or Rec	quirement
	7. Res	ource Standard		
	a. :	Resource standa	ards are based	on family size.
1902(a)(10)( of the Act	(C)(i) b.	A single standa	ard is employed	
	c. :	In 1902(f) Sta restrictive tha	ates, the resonant in 7.b. above	ource standards are mor
		Aged Blind Disabled		
	t	American TOT G	11 covered med Ses more restri	<u>-A</u> specifies the resource ically needy groups. Interior levels under 7.c.
1905(p)(1)(D) and (p)(2)(B) of the Act	For 6	<pre>pualified Medica (a)(10)(E)(i) can be expressed in the control of the contro</pre>	are beneficiar:	dicare Beneficiaries ies covered under sectior he SSI standard.
1905(s) of th Act	e 9. For o cover the 2 coupl	qualified disab ed under secti Act, the resou	oled and workin on 1902(a)(10) arce standard	ar indicia
TN No. 92- Supersedes	Approval	Date NOV 14	1994 Effect:	ive Date1-1-92

HCFA ID:

7985E

Revision: HCFA-PM-91-8 October 1991

(BPD)

ATTACHMENT 2.6-A

0938-

Page 22a OMB No.:

State: Kentucky

Citation Condition or Requirement 1902(u) of the For COBRA continuation beneficiaries, the resource 9.1 Act standard is: Twice the SSI resource standard for an individual. More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

92-1 TN No. NOV 14 1994 Supersedes Approval Date

Effective Date \_\_\_ 1-1-92

None

.sion: HCFA-PM-91-4 (BPD) ATTACHMENT 2.6-A August 1991 Page 23 OMB No.: 0938-Kentucky State: Citation Condition or Requirement 10. Excess Resources a. Categorically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals Any excess resources make the individual ineligible. b. Categorically Needy Only This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources. c. Medically Needy Any excess resources make the individual ineligible.

TN No.	92-1		NOV 14 1994			
Supersede	s 89-4	Approval Date	101 14 1334	Effective	Date _	1-1-92
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HCFA ID: 7985E

`evision:	HCFA-PM-91- August 1991	· · · · · · · · · · · · · · · · · · ·	Page 24
	State:	Kentucky	OMB No.: 0938-
Citati	.on		Condition or Requirement
42 CFR 435.914	11.	Effectiv	e Date of Eligibility
	a	. Groups O	ther Than Qualified Medicare Beneficiaries
		(1) Fo	r the prospective period.
		fo	verage is available for the full month if the llowing individuals are eligible at any time ring the month.
			Aged, blind, disabled. * AFDC-related. *
		the	verage is available only for the period during e month for which the following individuals meet e eligibility requirements.
			Aged, blind, disabled. AFDC-related.
		(2) For	the retroactive period.
		the inc	verage is available for three months before a date of application if the following dividuals would have been eligible had they blied:
			Aged, blind, disabled. AFDC-related.
		the if eli	verage is available beginning the first day of third month before the date of application the following individuals would have been gible at any time during that month, had they blied
		<u>,                                    </u>	Aged, blind, disabled. *
*For me met.	edically needy s	penddown cas	Aged, blind, disabled. * AFDC-related. * es, coverage begins on the day the spenddown liabilit
IN No. Supersedes		oval Date _	NOV 14.1994 Effective Date 1-1-92
o	<b>'-15</b>		HCFA ID: 7985E

Revision:

HCFA-PM-92-1

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Attachment 2.6-A

February 1992

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ST	ATE PLAN UNDER	TITLE XIX	OF	THE SOCIAL SECURITY ACT
State:	Kentucky			
	ELIGIBILITY (	CONDITIO	NS A	ND REQUIREMENTS
Citation(s)		Condi	ion c	or Requirement
1920 (b)(1) o	f the Act	<u>_X</u>	(3)	For a presumptive eligibility period for pregnant women only.
				Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income and eligibility levels specified in <a href="Attachment 2.6-A">Attachment 2.6-A</a> of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.

1902	(e)(8)	) and
1905	(a) of	the Act

b.

<u>X</u>

For qualified Medicare beneficiaries defined in section 1905 (p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905 (p)(1). The eligibility determination is valid for—

<u>X</u>	12 months
	6 months
	طغم محم

months (no less than 6 months and no more than 12 months)

TN No. <u>01-21</u> Supersedes TN No. 92-05

Approval Date PEC 12 2001

Effective Date 11/1/01

Citation	Condition or Requirement
1902(a)(18) and 12. 1902(f) of the Act	Pre-OBRA 93 Transfer of Resources – Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals
	The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.
	Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to Attachment 2.6-A</u> .
1917(c) 13.	Transfer of Assets – All eligibility groups
	The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.
	Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to Attachment 2.6-A</u> , except in instances where the agency determines that the transfer rules would work an undue hardship.
1917(d) 14.	Treatment of Trusts - All eligibility groups
	The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts.
	The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts.
	X The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of Miller trusts.
	The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in <u>Supplement 10 to Attachment 2.6-A</u> .
TN No. <u>03-016</u> Supersedes TN No. <u>95-6</u>	Approval Date Effective Date 9/1/03

Citation		Condition or Requirement
1924 of the Act	15.	The agency complies with the provisions of §1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.
		When applying the formula used to determine the amount of resources initial eligibility determinations, the State standard for community spouses is:
		the maximum standard permitted by law;
		the minimum standard permitted by law; or
•		\$20,000 a standard that is an amount between the minimum and the maximum.